

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005938**

1. Entity Name

CALVARY CHAPEL OF JUPITER, INC.

Principal Place of Business

**12925 159TH CT. N.
JUPITER FL 33478**

Mailing Address

**12925 159TH CT. N.
JUPITER FL 33478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, TIMOTHY
1903 SOUTH CONGRESS AVENUE SUITE 160
BOYNTON BEACH FL 33426**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PLOURDE, DONALD
403 MIRAMAR
PALM BEACH GARDENS FL 33418** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, MARK
2800 GATEWAY DRIVE
POMPANO BEACH FL 33069** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIDSON, TIMOTHY
1903 SOUTH CONGRESS AVENUE SUITE 160
BOYNTON BEACH FL 33426** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIMMS, CARL
2900 GATEWAY DRIVE
POMPANO BCH FL 33021** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHINELLY, JOHN
2900 GATEWAY LN
POMPANO BCH FL 33021** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YEBBA, SCOTT
403 MIRAMAR LN
PALM BCH GARDENS FL 33418** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED**JAN. 8, 2001****361 262-0474****FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90016 030 ****61.25

00005221

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0788249

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E037 (10/00)